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(Original Signature of Member)

118TH CONGRESS
1ST SESSION

H. R. _____

To amend title XVIII of the Social Security Act to expand access to telehealth services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. THOMPSON of California introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XVIII of the Social Security Act to expand access to telehealth services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Creating Opportunities Now for Necessary and Effective
6 Care Technologies for Health Act of 2023” or the “CON-
7 NECT for Health Act of 2023”.

8 (b) TABLE OF CONTENTS.—The table of contents of
9 this Act is as follows:

- Sec. 1. Short title; table of contents.
Sec. 2. Findings and sense of Congress.

TITLE I—REMOVING BARRIERS TO TELEHEALTH COVERAGE

- Sec. 101. Removing geographic requirements for telehealth services.
Sec. 102. Expanding originating sites.
Sec. 103. Expanding authority for practitioners eligible to furnish telehealth services.
Sec. 104. Improvements to the process for adding telehealth services.
Sec. 105. Federally qualified health centers and rural health clinics.
Sec. 106. Native American health facilities.
Sec. 107. Repeal of six-month in-person visit requirement for telemental health services.
Sec. 108. Waiver of telehealth requirements during public health emergencies.
Sec. 109. Use of telehealth in recertification for hospice care.

TITLE II—PROGRAM INTEGRITY

- Sec. 201. Clarification for fraud and abuse laws regarding technologies provided to beneficiaries.
Sec. 202. Additional resources for telehealth oversight.
Sec. 203. Addressing significant outlier billing patterns for telehealth services.

TITLE III—BENEFICIARY AND PROVIDER SUPPORTS, QUALITY OF CARE, AND DATA

- Sec. 301. Beneficiary engagement on telehealth.
Sec. 302. Provider supports on telehealth.
Sec. 303. Ensuring the inclusion of telehealth in measuring quality of care.
Sec. 304. Posting of information on telehealth services.

1 **SEC. 2. FINDINGS AND SENSE OF CONGRESS.**

2 (a) FINDINGS.—Congress finds the following:

3 (1) The use of technology in health care and
4 coverage of telehealth services are rapidly evolving.

5 (2) Research has found that telehealth services
6 can expand access to care, improve the quality of
7 care, and reduce spending.

8 (3) In 2021, 91 percent of patients receiving
9 telehealth services were satisfied with their experi-
10 ences.

1 (4) Health care workforce shortages are a sig-
2 nificant problem in many areas and for many types
3 of health care clinicians.

4 (5) Telehealth increases access to care in areas
5 with workforce shortages and for individuals who
6 live far away from health care facilities, have limited
7 mobility or transportation, or have other barriers to
8 accessing care.

9 (6) The use of health technologies can strength-
10 en the expertise of the health care workforce, includ-
11 ing by connecting clinicians to specialty consulta-
12 tions.

13 (7) Prior to the COVID–19 pandemic, the utili-
14 zation of telehealth services in the Medicare program
15 under title XVIII of the Social Security Act (42
16 U.S.C. 1395 et seq.) was low, accounting for 0.1
17 percent of Medicare Part B visits in 2019.

18 (8) Telehealth now represents a critical compo-
19 nent of care delivery. As of February 2023, 15 per-
20 cent of Medicare fee-for-service beneficiaries have
21 had a telehealth service in the past quarter.

22 (9) Long-term certainty about coverage of tele-
23 health services under the Medicare program is nec-
24 essary to fully realize the benefits of telehealth.

1 (b) SENSE OF CONGRESS.—It is the sense of Con-
2 gress that—

3 (1) health care providers can furnish safe, effec-
4 tive, and high-quality health care services through
5 telehealth;

6 (2) the Secretary of Health and Human Serv-
7 ices should promptly take all necessary measures to
8 ensure that providers and beneficiaries can continue
9 to furnish and utilize, respectively, telehealth serv-
10 ices in the Medicare program, including modifying,
11 as appropriate, the definition of “interactive tele-
12 communications system” in regulations and program
13 instruction under the Medicare program to ensure
14 that providers can utilize all appropriate means and
15 types of technology, including audio-visual, audio-
16 only, and other types of technologies, to furnish tele-
17 health services; and

18 (3) barriers to the use of telehealth should be
19 removed.

20 **TITLE I—REMOVING BARRIERS** 21 **TO TELEHEALTH COVERAGE**

22 **SEC. 101. REMOVING GEOGRAPHIC REQUIREMENTS FOR** 23 **TELEHEALTH SERVICES.**

24 Section 1834(m)(4)(C) of the Social Security Act (42
25 U.S.C. 1395m(m)(4)(C)) is amended—

1 (1) in clause (i), in the matter preceding sub-
2 clause (I), by striking “clause (iii)” and inserting
3 “clauses (iii) and (iv)”; and

4 (2) by adding at the end the following new
5 clause:

6 “(iv) REMOVAL OF GEOGRAPHIC RE-
7 QUIREMENTS.—The geographic require-
8 ments described in clause (i) shall not
9 apply with respect to telehealth services
10 furnished on or after January 1, 2025.”.

11 **SEC. 102. EXPANDING ORIGINATING SITES.**

12 (a) EXPANDING THE HOME AS AN ORIGINATING
13 SITE.—Section 1834(m)(4)(C)(ii)(X) of the Social Secu-
14 rity Act (42 U.S.C. 1395m(m)(4)(C)(ii)(X)) is amended
15 to read as follows:

16 “(X)(aa) Prior to January 1,
17 2025, the home of an individual but
18 only for purposes of section
19 1881(b)(3)(B) or telehealth services
20 described in paragraph (7).

21 “(bb) On or after January 1,
22 2025, the home of an individual. For
23 purposes of the preceding sentence,
24 the home of an individual includes
25 temporary lodging and, in the case

1 where, for privacy or other personal
2 reasons, an individual chooses to trav-
3 el a short distance from the home for
4 the furnishing of a telehealth service,
5 includes such location, as described in
6 the final rule entitled ‘Medicare Pro-
7 gram; CY 2022 Payment Policies
8 Under the Physician Fee Schedule
9 and Other Changes to Part B Pay-
10 ment Policies; Medicare Shared Sav-
11 ings Program Requirements; Provider
12 Enrollment Regulation Updates; and
13 Provider and Supplier Prepayment
14 and Post-Payment Medical Review
15 Requirements’ published in the Fed-
16 eral Register on November 19, 2021
17 (86 Fed. Reg. 64996), or a successor
18 regulation.”.

19 (b) ALLOWING ADDITIONAL ORIGINATING SITES.—

20 Section 1834(m)(4)(C)(ii) of the Social Security Act (42
21 U.S.C. 1395m(m)(4)(C)(ii)) is amended by adding at the
22 end the following new subclause:

23 “(XII) Any other clinically ap-
24 propriate site at which an eligible tele-
25 health individual is located at the time

1 a telehealth service is furnished via a
2 telecommunications system. Not later
3 than January 1, 2025, the Secretary
4 shall issue regulations that establish
5 parameters for the determination of
6 whether a site is clinically appropriate
7 for purposes of the preceding sen-
8 tence.”.

9 (c) PARAMETERS FOR NEW ORIGINATING SITES.—
10 Section 1834(m)(4)(C) of the Social Security Act (42
11 U.S.C. 1395m(m)(4)(C)), as amended by section 101, is
12 amended by adding at the end the following new clause:

13 “(v) REQUIREMENTS FOR NEW
14 SITES.—

15 “(I) IN GENERAL.—The Sec-
16 retary may establish requirements for
17 the furnishing of telehealth services at
18 sites described in clause (ii)(XII) to
19 provide for beneficiary and program
20 integrity protections.

21 “(II) RULE OF CONSTRUC-
22 TION.—Nothing in this clause shall be
23 construed to preclude the Secretary
24 from establishing requirements for

1 other originating sites described in
2 clause (ii)”.
3

4 (d) NO ORIGINATING SITE FACILITY FEE FOR NEW
5 SITES.—Section 1834(m)(2)(B)(ii) of the Social Security
6 Act (42 U.S.C. 1395m(m)(2)(B)(ii)) is amended—

7 (1) in the heading, by striking “IF ORIGINATING
8 SITE IS THE HOME” and inserting “FOR CERTAIN
9 SITES”; and

10 (2) by striking “paragraph (4)(C)(ii)(X)” and
11 inserting “subclause (X) or (XII) of paragraph
12 (4)(C)(ii)”.

13 **SEC. 103. EXPANDING AUTHORITY FOR PRACTITIONERS EL-**
14 **IGIBLE TO FURNISH TELEHEALTH SERVICES.**

15 Section 1834(m)(4)(E) of the Social Security Act (42
16 U.S.C. 1395m(m)(4)(E)) is amended—

17 (1) by striking “PRACTITIONER.—The term”
18 and inserting “PRACTITIONER.—

19 “(i) IN GENERAL.—Subject to clause
20 (ii), the term”; and

21 (2) by adding at the end the following new
22 clause:

23 “(ii) EXPANDING PRACTITIONERS ELI-
24 GIBLE TO FURNISH TELEHEALTH SERV-
ICES.—

1 “(I) IN GENERAL.—Notwith-
2 standing any other provision of this
3 subsection, in the case of telehealth
4 services furnished on or after January
5 1, 2024, the Secretary may waive any
6 limitation on the types of practitioners
7 who are eligible to furnish telehealth
8 services (other than the requirement
9 that the practitioner is enrolled under
10 section 1866(j)) if the Secretary de-
11 termines that such waiver is clinically
12 appropriate.

13 “(II) IMPLEMENTATION.—In im-
14 plementing a waiver under this clause,
15 the Secretary may establish param-
16 eters, as appropriate, for telehealth
17 services under such waiver, including
18 with respect to beneficiary and pro-
19 gram integrity protections.

20 “(III) PUBLIC COMMENT.—The
21 Secretary shall establish a process by
22 which stakeholders may (on at least
23 an annual basis) provide public com-
24 ment on such waiver under this
25 clause.

1 “(IV) PERIODIC REVIEW.—The
2 Secretary shall periodically, but not
3 more frequently than every 3 years,
4 reassess the waiver under this clause
5 to determine whether such waiver con-
6 tinues to be clinically appropriate. The
7 Secretary shall terminate any waiver
8 that the Secretary determines is no
9 longer clinically appropriate.”.

10 **SEC. 104. IMPROVEMENTS TO THE PROCESS FOR ADDING**
11 **TELEHEALTH SERVICES.**

12 (a) REVIEW.—The Secretary shall undertake a review
13 of the process established pursuant to section
14 1834(m)(4)(F)(ii) of the Social Security Act (42 U.S.C.
15 1395m(m)(4)(F)(ii)), and based on the results of such re-
16 view—

17 (1) implement revisions to the process so that
18 the criteria to add services prioritizes, as appro-
19 priate, improved access to care through clinically ap-
20 propriate telehealth services; and

21 (2) provide clarification on what requests to
22 add telehealth services under such process should in-
23 clude.

24 (b) TEMPORARY COVERAGE OF CERTAIN TELE-
25 HEALTH SERVICES.—Section 1834(m)(4)(F) of the Social

1 Security Act (42 U.S.C. 1395m(m)(4)(F)) is amended by
2 adding at the end the following new clause:

3 “(iii) TEMPORARY COVERAGE OF CER-
4 TAIN TELEHEALTH SERVICES.—The Sec-
5 retary may add services with a reasonable
6 potential likelihood of clinical benefit and
7 improved access to care when furnished via
8 a telecommunications system (as deter-
9 mined by the Secretary) on a temporary
10 basis to those specified in clause (i) for au-
11 thorized payment under paragraph (1).”.

12 **SEC. 105. FEDERALLY QUALIFIED HEALTH CENTERS AND**
13 **RURAL HEALTH CLINICS.**

14 Section 1834(m) of the Social Security Act (42
15 U.S.C. 1395m(m)) is amended—

16 (1) in paragraph (4)(C)(i), in the matter pre-
17 ceding subclause (I), by striking “and (7)” and in-
18 serting “(7), and (8)”; and

19 (2) in paragraph (8)—

20 (A) in subparagraph (A)—

21 (i) in the matter preceding clause (i),
22 by striking “During” and all that follows
23 through “December 31, 2024—” and in-
24 serting the following: “During and after

1 the emergency period described in section
2 1135(g)(1)(B)—”;

3 (ii) in clause (ii), by striking “and” at
4 the end;

5 (iii) by redesignating clause (iii) as
6 clause (iv); and

7 (iv) by inserting after clause (ii) the
8 following new clause:

9 “(iii) the geographic requirements de-
10 scribed in paragraph (4)(C)(i) shall not
11 apply with respect to such a telehealth
12 service; and”;

13 (B) by striking subparagraph (B) and in-
14 serting the following:

15 “(B) PAYMENT.—

16 “(i) IN GENERAL.—A telehealth serv-
17 ice furnished by a Federally qualified
18 health center or a rural health clinic to an
19 individual pursuant to this paragraph on
20 or after the date of the enactment of this
21 subparagraph shall be deemed to be so fur-
22 nished to such individual as an outpatient
23 of such clinic or facility (as applicable) for
24 purposes of paragraph (1) or (3), respec-
25 tively, of section 1861(aa) and payable as

1 a Federally qualified health center service
2 or rural health clinic service (as applicable)
3 under the prospective payment system es-
4 tablished under section 1834(o) or under
5 section 1833(a)(3), respectively.

6 “(ii) TREATMENT OF COSTS FOR
7 FQHC PPS CALCULATIONS AND RHC AIR
8 CALCULATIONS.—Costs associated with the
9 delivery of telehealth services by a Feder-
10 ally qualified health center or rural health
11 clinic serving as a distant site pursuant to
12 this paragraph shall be considered allow-
13 able costs for purposes of the prospective
14 payment system established under section
15 1834(o) and any payment methodologies
16 developed under section 1833(a)(3), as ap-
17 plicable.”.

18 **SEC. 106. NATIVE AMERICAN HEALTH FACILITIES.**

19 (a) IN GENERAL.—Section 1834(m)(4)(C) of the So-
20 cial Security Act (42 U.S.C. 1395m(m)(4)(C)), as amend-
21 ed by sections 101 and 102, is amended—

22 (1) in clause (i), by striking “and (iv)” and in-
23 serting “, (iv), and (vi)”; and

24 (2) by adding at the end the following new
25 clause:

1 “(vi) NATIVE AMERICAN HEALTH FA-
2 CILITIES.—With respect to telehealth serv-
3 ices furnished on or after January 1, 2024,
4 the originating site requirements described
5 in clauses (i) and (ii) shall not apply with
6 respect to a facility of the Indian Health
7 Service, whether operated by such Service,
8 or by an Indian tribe (as that term is de-
9 fined in section 4 of the Indian Health
10 Care Improvement Act (25 U.S.C. 1603))
11 or a tribal organization (as that term is
12 defined in section 4 of the Indian Self-De-
13 termination and Education Assistance Act
14 (25 U.S.C. 5304)), or a facility of the Na-
15 tive Hawaiian health care systems author-
16 ized under the Native Hawaiian Health
17 Care Improvement Act (42 U.S.C. 11701
18 et seq.).”.

19 (b) NO ORIGINATING SITE FACILITY FEE FOR CER-
20 TAIN NATIVE AMERICAN FACILITIES.—Section
21 1834(m)(2)(B)(i) of the Social Security Act (42 U.S.C.
22 1395m(m)(2)(B)(i)) is amended, in the matter preceding
23 subclause (I), by inserting “(other than an originating site
24 that is only described in clause (v) of paragraph (4)(C),
25 and does not meet the requirement for an originating site

1 under clauses (i) and (ii) of such paragraph)” after “the
2 originating site”.

3 **SEC. 107. REPEAL OF SIX-MONTH IN-PERSON VISIT RE-**
4 **QUIREMENT FOR TELEMENTAL HEALTH**
5 **SERVICES.**

6 Section 1834(m)(7) of the Social Security Act (42
7 U.S.C. 1395m(m)(7)(B)) is amended—

8 (1) in subparagraph (A), by striking “, subject
9 to subparagraph (B),”;

10 (2) by striking “(A) IN GENERAL.—The geo-
11 graphic” and inserting “The geographic”; and

12 (3) by striking subparagraph (B).

13 **SEC. 108. WAIVER OF TELEHEALTH REQUIREMENTS DUR-**
14 **ING PUBLIC HEALTH EMERGENCIES.**

15 Section 1135(g)(1) of the Social Security Act (42
16 U.S.C. 1320b–5(g)(1)) is amended—

17 (1) in subparagraph (A), in the matter pre-
18 ceding clause (i), by striking “subparagraph (B)”
19 and inserting “subparagraphs (B) and (C)”; and

20 (2) by adding at the end the following new sub-
21 paragraph:

22 “(C) EXCEPTION FOR WAIVER OF TELE-
23 HEALTH REQUIREMENTS DURING PUBLIC
24 HEALTH EMERGENCIES.—For purposes of sub-
25 section (b)(8), in addition to the emergency pe-

1 riod described in subparagraph (B), an ‘emer-
2 gency area’ is a geographical area in which, and
3 an ‘emergency period’ is the period during
4 which, there exists a public health emergency
5 declared by the Secretary pursuant to section
6 319 of the Public Health Service Act.”.

7 **SEC. 109. USE OF TELEHEALTH IN RECERTIFICATION FOR**
8 **HOSPICE CARE.**

9 (a) IN GENERAL.—Section 1814(a)(7)(D)(i)(II) of
10 the Social Security Act (42 U.S.C. 1395f(a)(7)(D)(i)(II))
11 is amended by striking “during the emergency period” and
12 all that follows through “ending on December 31, 2024”
13 and inserting the following: “during and after the emer-
14 gency period described in section 1135(g)(1)(B)”.

15 (b) NATIONAL ACADEMY OF MEDICINE REPORT.—
16 The Secretary of Health and Human Services shall re-
17 quest the National Academy of Medicine to submit a re-
18 port to Congress, not later than 3 years after the date
19 of enactment of this Act, evaluating the impact of section
20 1814(a)(7)(D)(i)(II) of the Social Security Act (42 U.S.C.
21 1395f(a)(7)(D)(i)(II)), as amended by subsection (a),
22 on—

23 (1) the number and percentage of beneficiaries
24 recertified for the Medicare hospice benefit at 180
25 days and for subsequent benefit periods;

1 (2) the appropriateness for hospice care of the
2 patients recertified through the use of telehealth;
3 and

4 (3) any other factors determined appropriate by
5 the National Academy of Medicine.

6 **TITLE II—PROGRAM INTEGRITY**

7 **SEC. 201. CLARIFICATION FOR FRAUD AND ABUSE LAWS**

8 **REGARDING TECHNOLOGIES PROVIDED TO** 9 **BENEFICIARIES.**

10 Section 1128A(i)(6) of the Social Security Act (42
11 U.S.C. 1320a–7a(i)(6)) is amended—

12 (1) in subparagraph (I), by striking “; or” and
13 inserting a semicolon;

14 (2) in subparagraph (J), by striking the period
15 at the end and inserting “; or”; and

16 (3) by adding at the end the following new sub-
17 paragraph:

18 “(K) the provision of technologies (as de-
19 fined by the Secretary) on or after the date of
20 the enactment of this subparagraph, by a pro-
21 vider of services or supplier (as such terms are
22 defined for purposes of title XVIII) directly to
23 an individual who is entitled to benefits under
24 part A of title XVIII, enrolled under part B of
25 such title, or both, for the purpose of furnishing

1 telehealth services, remote patient monitoring
2 services, or other services furnished through the
3 use of technology (as defined by the Secretary),
4 if—

5 “(i) the technologies are not offered
6 as part of any advertisement or solicita-
7 tion; and

8 “(ii) the provision of the technologies
9 meets any other requirements set forth in
10 regulations promulgated by the Sec-
11 retary.”.

12 **SEC. 202. ADDITIONAL RESOURCES FOR TELEHEALTH**
13 **OVERSIGHT.**

14 In addition to amounts otherwise available, there are
15 authorized to be appropriated to the Inspector General of
16 the Department of Health and Human Services for each
17 of fiscal years 2024 through 2028, out of any money in
18 the Treasury not otherwise appropriated, \$3,000,000, to
19 remain available until expended, for purposes of con-
20 ducting audits, investigations, and other oversight and en-
21 forcement activities with respect to telehealth services, re-
22 mote patient monitoring services, or other services fur-
23 nished through the use of technology (as defined by the
24 Secretary).

1 **SEC. 203. ADDRESSING SIGNIFICANT OUTLIER BILLING**
2 **PATTERNS FOR TELEHEALTH SERVICES.**

3 (a) IDENTIFICATION AND NOTIFICATION OF
4 OUTLIER BILLERS OF TELEHEALTH.—

5 (1) IN GENERAL.—The Secretary shall, using
6 national provider identifiers on claims for telehealth
7 services furnished to individuals under section
8 1834(m) of the Social Security Act (42 U.S.C.
9 1395m(m)), identify physicians and practitioners
10 that demonstrate significant outlier billing patterns
11 (such as coding of telehealth services for inappro-
12 priate length of time and inaccurate complexity and
13 inappropriate or duplicate billing) for telehealth
14 services or items or services ordered or prescribed
15 concurrent to a telehealth service over a period of
16 time specified by the Secretary.

17 (2) ESTABLISHMENT OF THRESHOLDS.—For
18 purposes of this subsection, the Secretary shall es-
19 tablish thresholds for outlier billing patterns to iden-
20 tify whether a physician or practitioner is a signifi-
21 cant outlier biller for telehealth services or items or
22 services ordered or prescribed concurrent to a tele-
23 health service as compared to other physicians or
24 practitioners within the same specialty and geo-
25 graphic area.

26 (b) NOTIFICATION.—

1 (1) IN GENERAL.—The Secretary shall notify
2 any physician or practitioner identified as a signifi-
3 cant outlier biller for telehealth services or items or
4 services ordered or prescribed concurrent to a tele-
5 health service under subsection (a). Each notifica-
6 tion under the preceding sentence shall include the
7 following:

8 (A) Information on how the physician or
9 practitioner compares to physicians or practi-
10 tioners within the same specialty and geo-
11 graphic area with respect to billing for tele-
12 health services or items or services ordered or
13 prescribed concurrent to a telehealth service
14 under the Medicare program under title XVIII
15 of the Social Security Act (42 U.S.C. 1395 et
16 seq.).

17 (B) Information on telehealth billing guide-
18 lines under the Medicare program.

19 (C) Other information determined appro-
20 priate by the Secretary.

21 (2) CLARIFICATION.—Nothing in this sub-
22 section or subsection (a) shall be construed as di-
23 recting the Centers for Medicare & Medicaid Serv-
24 ices to pursue further audits of providers of services
25 and suppliers outside of those permitted or required

1 under titles XI or XVIII of the Social Security Act,
2 or otherwise under applicable Federal law.

3 (c) PUBLIC AVAILABILITY OF INFORMATION.—The
4 Secretary shall make aggregate information on outlier bill-
5 ing patterns identified under subsection (a) available on
6 the internet website of the Centers for Medicare & Med-
7 icaid Services. Such information shall be in a form and
8 manner determined appropriate by the Secretary and shall
9 not identify any specific physician or practitioner.

10 (d) OTHER ACTIVITIES.—Nothing in this section
11 shall preclude the Secretary from conducting activities
12 that provide physicians and practitioners with information
13 as to how they compare to other physicians and practi-
14 tioners that are in addition to the activities under this sec-
15 tion.

16 (e) TELEHEALTH RESOURCE CENTERS EDUCATION
17 ACTIVITIES.—Section 330I(j)(2) of the Public Health
18 Service Act (42 U.S.C. 254c–14(j)(2)) is amended—

19 (1) in subparagraph (F), by striking “and” at
20 the end;

21 (2) in subparagraph (G), by striking the period
22 at the end and inserting “; and”; and

23 (3) by adding at the end the following new sub-
24 paragraph:

1 “(H) providing technical assistance and
2 education to physicians and practitioners that
3 the Secretary identifies pursuant to section
4 203(a) of the CONNECT for Health Act of
5 2023 as having significant levels of outlier bill-
6 ing patterns with respect to telehealth services
7 or items or services ordered or prescribed con-
8 current to a telehealth service under the Medi-
9 care program under title XVIII of the Social
10 Security Act, including—

11 “(i) education on practices to ensure
12 coding of telehealth services for appro-
13 priate length of time and accurate com-
14 plexity;

15 “(ii) education on prevention of inap-
16 propriate or duplicate billing; and

17 “(iii) information on—

18 “(I) services specified in para-
19 graph (4)(F)(i) of section 1834(m) of
20 the Social Security Act (42 U.S.C.
21 1395m(m)) for authorized payment
22 under paragraph (1) of such section;
23 and

24 “(II) the process used to update
25 such services under clauses (ii) and

1 (iii) (as added by section 104) of
2 paragraph (4)(F) of such section
3 1834(m); and

4 “(iv) referral to the appropriate medi-
5 care administrative contractor for specific
6 questions that fall outside of the scope of
7 broad best practices.”.

8 (f) DEFINITIONS.—In this section:

9 (1) SECRETARY.—The term “Secretary” means
10 the Secretary of Health and Human Services.

11 (2) TELEHEALTH SERVICE.—The term “tele-
12 health service” has the meaning given that term in
13 section 1834(m)(4)(F) of the Social Security Act
14 (42 U.S.C. 1395m(m)(4)(F)).

15 (3) PHYSICIAN; PRACTITIONER.—The terms
16 “physician” and “practitioner” have the meaning
17 given those terms for purposes of section 1834(m) of
18 the Social Security Act (42 U.S.C. 1395m(m)).

19 **TITLE III—BENEFICIARY AND**
20 **PROVIDER SUPPORTS, QUAL-**
21 **ITY OF CARE, AND DATA**

22 **SEC. 301. BENEFICIARY ENGAGEMENT ON TELEHEALTH.**

23 (a) RESOURCES, GUIDANCE, AND TRAINING SES-
24 SIONS.—Section 1834(m) of the Social Security Act (42

1 U.S.C. 1395m(m)) is amended by adding at the end the
2 following new paragraph:

3 “(10) RESOURCES, GUIDANCE, AND TRAINING
4 SESSIONS.—

5 “(A) IN GENERAL.—Not later than 6
6 months after the date of the enactment of this
7 paragraph, the Secretary, in consultation with
8 stakeholders, shall issue resources, guidance,
9 and training sessions for beneficiaries, physi-
10 cians, practitioners, and health information
11 technology software vendors on best practices
12 for ensuring telehealth services are accessible
13 for—

14 “(i) individuals with limited English
15 proficiency, including instructions on how
16 to—

17 “(I) access telehealth platforms;
18 “(II) utilize interpreter services;
19 and
20 “(III) integrate telehealth and
21 virtual interpreter services; and

22 “(ii) individuals with Disabilities, in-
23 cluding instructions on accessibility of the
24 telecommunications system being used for
25 telehealth services, engagement with bene-

1 ficiaries with disabilities prior to, during,
2 and after the furnishing of the telehealth
3 service, and training on captioning and
4 transcripts.

5 “(B) ACCOUNTING FOR AGE AND OTHER
6 DIFFERENCES.—Resources, guidance, and
7 training sessions issued under this paragraph
8 shall account for age and sociodemographic, ge-
9 ographic, literacy, cultural, cognitive, and lin-
10 guistic differences in how individuals interact
11 with technology.”.

12 (b) STUDY AND REPORT ON TACTICS TO IMPROVE
13 BENEFICIARY ENGAGEMENT ON TELEHEALTH.—

14 (1) STUDY.—The Secretary of Health and
15 Human Services shall collect and analyze qualitative
16 and quantitative data on strategies that clinicians,
17 payers, and other health care organizations use to
18 improve beneficiary engagement on telehealth serv-
19 ices (as defined in section 1834(m)(4)(F) of the So-
20 cial Security Act (42 U.S.C. 1395m(m)(4)(F))),
21 with an emphasis on underserved communities, such
22 as the use of digital navigators, providing patients
23 with pre-visit information on telehealth, caregiver
24 engagement, and training on telecommunications
25 systems, and the investments necessary for health

1 care professionals to effectively furnish telehealth
2 services, including the costs of necessary technology
3 and of training staff.

4 (2) REPORT.—Not later than 1 year after the
5 date of the enactment of this Act, the Secretary
6 shall submit to Congress and make available on the
7 internet website of the Centers for Medicare & Med-
8 icaid Services a report containing the results of the
9 study under paragraph (1), together with rec-
10 ommendations for such legislation and administra-
11 tive action as the Secretary determines appropriate.

12 (c) FUNDING.—There are authorized to be appro-
13 priated such sums as necessary to carry out the provisions
14 of, including the amendments made by, this section.

15 **SEC. 302. PROVIDER SUPPORTS ON TELEHEALTH.**

16 (a) EDUCATIONAL RESOURCES AND TRAINING SES-
17 SIONS.—Not later than 6 months after the date of enact-
18 ment of this Act, the Secretary of Health and Human
19 Services shall develop and make available to health care
20 professionals educational resources and training sessions
21 on requirements relating to the furnishing of telehealth
22 services under section 1834(m) of the Social Security Act
23 (42 U.S.C. 1395m(m)) and topics including—

24 (1) requirements for payment for telehealth
25 services;

(2) telehealth-specific health care privacy and security training;

(3) utilizing telehealth services to engage and support underserved, high-risk, and vulnerable patient populations; and

6 (4) other topics as determined appropriate by
7 the Secretary.

(b) TELEHEALTH RESOURCE CENTERS.—The Secretary shall consider including technical assistance, education, and training on telehealth services as a required activity for telehealth resource centers under section 330I of the Public Health Service Act (42 U.S.C. 254c-14).

13 (c) FUNDING.—There are authorized to be appro-
14 priated such sums as necessary to carry out this section.

15 SEC. 303. ENSURING THE INCLUSION OF TELEHEALTH IN
16 MEASURING QUALITY OF CARE.

Section 1890A of the Social Security Act (42 U.S.C.
1395aaa–1) is amended by adding at the end the following
new subsection:

20 “(h) MEASURING QUALITY OF TELEHEALTH SERV-
21 ICES.—

22 “(1) IN GENERAL.—Not later than 180 days
23 after the date of the enactment of this subsection,
24 the Secretary shall review quality measures to en-
25 sure inclusion of measures relating to telehealth

1 services, including care, prevention, diagnosis, pa-
2 tient experience, health outcomes, and treatment.

3 “(2) CONSULTATION.—In conducting the review
4 and assessment under paragraph (1), the Secretary
5 shall consult external technical experts in quality
6 measurement, including patient organizations, pro-
7 viders, and experts in telehealth.

8 “(3) REVIEW AND ASSESSMENT.—The review
9 and assessment under this subsection shall—

10 “(A) include review of existing and under
11 development quality measures to identify meas-
12 ures that are currently inclusive of, and meas-
13 ures that fail to account for, telehealth services;
14 and

15 “(B) identify gaps in areas of quality
16 measurement that relate to telehealth services,
17 including health outcomes and patient experi-
18 ence of care.

19 “(4) TECHNICAL GUIDANCE.—The Secretary
20 shall issue technical guidance on—

21 “(A) how to effectively streamline, imple-
22 ment, and assign accountability for health out-
23 comes for quality measures for telehealth serv-
24 ices across health care settings and providers;

1 “(B) how to stratify measures by care mo-
2 dality and population to identify differences in
3 health outcomes;

4 “(C) the use of uniform data elements;

5 “(D) how to identify and catalogue best
6 practices related to the use of quality measure-
7 ment and quality improvement for telehealth
8 services; and

9 “(E) other areas determined appropriate
10 by the Secretary

11 “(5) REPORT.—Not later than 2 years after the
12 date of the enactment of this subsection, the Sec-
13 retary shall submit to Congress and post on the
14 internet website of the Centers for Medicare & Med-
15 icaid Services a report on the review and assessment
16 conducted under this subsection.”.

17 **SEC. 304. POSTING OF INFORMATION ON TELEHEALTH**
18 **SERVICES.**

19 Not later than 180 days after the date of enactment,
20 and quarterly thereafter, the Secretary of Health and
21 Human Services shall post on the internet website of the
22 Centers for Medicare & Medicaid Services information
23 on—

24 (1) the furnishing of telehealth services under
25 the Medicare program under title XVIII of the So-

1 cial Security Act (42 U.S.C. 1395 et seq.), described
2 by patient population, type of service, geography,
3 place of service, and provider type;
4 (2) the impact of telehealth services on expendi-
5 tures and utilization under the Medicare program;
6 and
7 (3) other outcomes related to the furnishing of
8 telehealth services under the Medicare program, as
9 determined appropriate by the Secretary.